DEPARTM HEALTH C/ HEALTH AND HUMAN SERVICES LANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 2 — 0 0 7

2. STATE: Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.40(b), 440.130(d), 440.167

7. FEDERAL BUDGET IMPACT:
a. FFY 02 $ 184
b. FFY 03 $ 399

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 3.1-A, pp. 17-17ee, 54-54m
Att. 3.1-B. pp. 16-16ee, 53-53m

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att.3.1-A. pp.17-17dd, 54-54m
Att.3.1-B. pp.16-16dd, 53-53m

10. SUBJECT OF AMENDMENT:
Services: EPSDT and Rehabilitative Services

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Mary B Kennedy

13. TYPED NAME:
Mary B. Kennedy

14. TITLE:
Medicaid Director

15. DATE SUBMITTED: 3/28/02

16. RETURN TO:
Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Road No.
St. Paul, MN 55155-3853

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/29/02

18. DATE APPROVED: 6/21/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate REgional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
MAR 29 2002
DMCH - MI/MN/WI

FORM HCFA-179 (07-92)

Instructions on Back

MINNESOTA

MEDICAL ASSISTANCE

Federal Budget Impact of Proposed State Plan Amendment TN 02-07

Attachments 3.1-A/B: EPSDT & Rehabilitative Services

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1. EPSDT services, item 4.b.

Current State plan language provides that personal care assistant services provided by schools (as part of an IEP or IFSP) must meet all of the requirements otherwise applicable under the personal care assistant services section of the plan, with exceptions. One current exception is that only certain activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health related functions behavior are covered.

This is no longer current policy. School districts provide more than the current list of specific ADLs, IADLs and delegated tasks. The State plan is amended by deleting the current list.

The State plan is also amended by adding clarifying language that personal care assistants must be under the direction of a qualified professional or a physician, as designated in the IEP.

Because this is current policy, there is no budget impact.

2. Rehabilitative services, item 13.d.

A. The State plan is amended to add IEP evaluations that are medical in nature and result in IEPs, or that determine the need for continued IEP services, to the list of covered EPSDT rehabilitative services. Such evaluations are covered in other states, including Wisconsin. In a February 15, 2001 discussion governing approved TN 00-09, CMS noted that Medicaid pays for services in an IEP, but as long as: 1) an evaluation is a precursor to a written IEP; and 2) the evaluation is medical in nature, Medicaid will pay for the evaluation. This was confirmed in a telephone call to CMS, central office on February 6, 2002.

B. The State plan is amended to add medication management as a component of nursing services. Medication management consists of: 1) educating the child on proper medication administration (for example, describing the medication and its possible side effects); 2) reviewing and monitoring of the child's current medications, stressing adherence to the prescribed medication regimen; 3) evaluating adverse reactions to medications; and 4) if necessary, contacting the physician about the prescription, tolerance, or adherence to the medication regimen.

The Department estimates the federal budget costs as follows:

	FFY '02*	FFY '03
State share	$9,000	$24,000
Federal share	**$9,000**	**$24,000**
Total MA Cost	$18,000	$48,000

C. The State plan is amended by adding mental health behavioral aides as providers of EPSDT rehabilitative mental health services. Attachment 3.1-A, page 17o and Attachment 3.1-B, page 16o allow mental health behavioral aides to provide mental health rehabilitative services in a child's school.

The Department estimates the federal budget costs as follows:

	FFY '02*	FFY '03
State share	$175,000	$375,000
Federal share	**$175,000**	**$375,000**
Total MA Cost	$350,000	$750,000

The Department anticipates that no additional children will be impacted by TN 02-07.

* January 1, 2002 through September 30, 2002

4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.

- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.

- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

Rehabilitative services as follows:

1. **Professional home-based mental health services** for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;

B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;

C. the child has one of the following as determined by a mental health professional:

1. psychosis or a clinical depression;
2. risk of harming self or others as a result of an emotional disturbance; or
3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or

D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.

A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria outlined, above, and is in need of home-based mental health services.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The following entities are eligible to provide home-based mental health services:

A. outpatient hospitals;
B. community mental health centers;
C. community mental health clinics;
D. an entity operated by or under contract to the county to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity; and
E. an entity operated by or under contract to a children's mental health collaborative to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity.

A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d.A. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.

A. diagnostic assessment;

B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy; and

C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

2. consist of activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and

3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.

To be eligible for medical assistance payment, the provider of home-based mental health services must meet the requirements in items A through F, below.

A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.

B. the services under component C, above, must be provided by mental health professionals and mental health practitioners skilled in the delivery of mental health services to children and their families.

C. the services must be designed to meet the specific mental health needs of the child according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child.

D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child that must be available 24 hours per day, seven days a week.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the children's individual treatment plans.

F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.

Payment is limited to the following components of home-based mental health services:

A. diagnostic assessment
B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy
C. individual skills training, family skills training, and group skills training
D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may be approved as medically necessary with prior authorization.

The services specified in A through J below are **not** eligible for medical assistance payment:

A. family psychotherapy services and family skills training services unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

the exclusion.

B. home-based mental health services provided to a child who at the time of service provision has not been determined to be a child eligible for home-based mental health services except for the first 30 hours of home-based mental health services provided to a child who is later determined to meet the functional criteria.

C. more than 192 hours of individual, family, or group skills training within a six-month period, unless prior authorization is obtained.

D. more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy except in an emergency and prior authorization or after-the-fact prior authorization of the psychotherapy is obtained.

E. home-based mental health services that exceed 240 hours in any combination of the psycho-therapies and individual, family, or group skills training within a six month period. Additional home-based mental health services beyond 240 hours are eligible for medical assistance with prior authorization.

F. psychotherapy provided by a person who is not a mental health professional.

G. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner and who does not maintain a consulting relationship whereby a mental health professional accepts full professional responsibility. However, medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on site at least for one observation during the first twelve hours in which the mental health practitioner provides the individual, family, or group skills

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

training to the child or the child's family.

Thereafter, the mental health professional is required to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by the mental health professional who accepts full professional responsibility.

H. home-based mental health services by more than one mental health professional or mental health practitioner simultaneously unless prior authorization is obtained.

I. home-based mental health services to a child or the child's family that duplicate health services funded under medical assistance mental health services, grants authorized according to the Minnesota Family Preservation Act, or the Minnesota Indian Family Preservation Act. However, if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child, or one session of family psychotherapy per month for the child and the child's family, is eligible for medical assistance payment during the period the child is receiving home-based mental health services. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six month episode of home-based mental health services if the mental health professional providing the home based mental health services requests and obtains prior authorization. Additional outpatient psychotherapy services provided concurrent with home-based mental health services in excess of these limits are

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

eligible for medical assistance with prior authorization. In addition, up to 60 hours of day treatment services provided concurrently with home-based mental health services to a child are eligible for medical assistance payment if the child is being phased into home-based mental health services, or if the child is being phased out of home-based mental health services and phased into day treatment services and home-based mental health services and day treatment services are identified with the goals of the child's individual treatment plan. Additional day treatment services provided *concurrent* with home-based mental health services in excess of these limits are eligible for medical assistance payment with prior authorization.

J. home-based mental health services provided to a child who is not living in the child's residence. However, up to 35 hours of home-based mental health services provided to a child who is residing in a hospital, group home, residential treatment facility, regional treatment center or other institutional group setting or who is participating in a partial hospitalization program are eligible for medical assistance payment if the services are provided under an individual treatment plan for the child developed by the provider working with the child's discharge planning team and if the services are needed to assure the child's smooth transition to living in the child's residence. Additional home-based mental health services provided *concurrent* with inpatient hospital services in excess of these limits are eligible for medical assistance with prior authorization.

2. **Day treatment services for mental illness** for children are limited to:

A. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields,

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

with at least 4,000 hours of post-master's supervised experience, licensed psychological practitioner, or licensed marriage and family therapist with at least two years of post-masters supervised experience;

B. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.;

C. Services provided in one of the following settings:

1. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
2. Community Mental Health Center;
3. County contracted day treatment provider.

D. Services provided no fewer than one day per week and no more than five days per week;

E. Services provided for three hours of day treatment per day; and

F. No more than one individual or one family session per week when in day treatment.

G. Services that, when provided to the family, are directed exclusively to the treatment of the recipient.

Services in excess of these limits are eligible for medical assistance with prior authorization.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

3. **Psychotherapy services** for children. Psychotherapy services require prior authorization as specified in the *State Register*.

Services	Limitations
individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, are covered up to 26 hours per calendar year
individual psychotherapy; 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year
family psychotherapy without patient present	up to 20 hours per calendar year when combined with family psychotherapy
family psychotherapy	up to 20 hours per calendar year when combined with family psychotherapy without patient present
family psychotherapy discretionary	up to six hours per calendar year

Psychotherapy services are not covered unless the services, when provided to the family, are directed exclusively to the treatment of the recipient.

4. **Family community support services** for children are services provided by mental health professionals or mental health practitioners under the clinical supervision of a mental health professional, designed to help each child to function and remain with their family in the community. For purposes of item 4.b., a child eligible for family community support services means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance (or, if between ages 18 and 21, a

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 17a, items A-D for **professional home-based mental health services.**

The diagnostic assessment must have determined that the child meets the functional criteria outlined above and is in need of family community support services.

An entity operated by or under contract to the county to provide family community support services is eligible to provide family community support services.
Such entities include, but are not limited to:

A. outpatient hospitals;
B. community mental health centers; and
C. community mental health clinics.

A provider of family community support services must meet the qualifications in items A to F and, if applicable, item G, below:

A. the provider must be able to recruit mental health professionals and mental health practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.

B. the provider must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services that address the needs identified in the child's treatment plan.

C. the mental health professional involved in a child's care must develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care.

D. The provider must provide, or assist the child or the child's family in arranging emergency services for the child and the child's family.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. if the child has no assigned case manager or refuses case management services (and the county board has not done so), the provider must ensure coordination of the components of family community support services.

F. if the county board has not done so, the provider must ensure that family community support services are given in a manner consistent with national core values for child adolescent services.

G. A provider offering mental health behavioral aide services must:

1) recruit, train, and supervise mental health behavioral aides;

2) conduct a background study of each potential mental health behavioral aide; and

3) not employ a mental health behavioral aide applicant if the applicant does not qualify for licensure pursuant to Minnesota Statutes, section 245A.04, subdivision 3d.

A provider of family community support services must be capable of providing all of the components specified below. Item A is covered as a mental health service under items 2.a., 5.a., 6.d.A. and 9 of this Attachment.

A. diagnostic assessment;

B. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must consist of:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

2. activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and

3. assistance in developing independent living skills;

C. crisis assistance. Crisis assistance services focus on crisis identification and prevention. The services help the child, the child's family and all providers of services to the child to:

1. recognize factors precipitating a mental health crisis;

2. identify behaviors related to the crisis; and

3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. Crisis assistance service components are:

a) crisis risk assessment;

b) screening for hospitalization; and

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

c) referral and follow-up to suitable community resources.

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

D. mental health crisis intervention and crisis stabilization services. Mental health crisis intervention and crisis stabilization services focus on intensive, immediate, on-site short-term mental health services by a mobile crisis response team to help a child return to the child's baseline level of functioning. A mobile crisis response team is comprised of at least two mental health professionals or at least one mental health professional and one mental health practitioner under the clinical supervision of the mental health professional. At least one member of the team provides on-site intervention and stabilization services.

Mental health crisis intervention and crisis stabilization services components are:

1. a culturally appropriate assessment evaluating the child's:

   a) current life situation and sources of stress;

   b) current mental health problems, strengths, and vulnerabilities; and

   c) current functioning and symptoms;

2. development of a written, short-term crisis intervention plan within 72 hours of the first intervention. The mobile crisis response team must involve the child and the child's family in developing and, if appropriate, implementing the short-term mental health crisis intervention plan under clauses a) or b), below.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

a) if the child shows positive change toward a baseline level of functioning or decrease in personal distress, the mobile crisis response team must document the medically necessary mental health services provided, that treatment goals are met, and that no further mental health services are required.

b) if the child is stabilized and requires less than eight hours of mental health crisis intervention services or a referral to less intensive mental health services, the mobile crisis response team must document the referral sources, the treatment goals, the medical necessity for mental health services, and the types of mental health services to be provided.

If the child and the child's family refuse to approve the short-term crisis intervention plan, the mobile crisis response team must note the refusal and the reason(s) for refusal; and

3. if more than eight hours of mental health crisis intervention services are needed, development of a written long-term intervention plan. The purpose of the long-term intervention plan is to identify strategies to reduce symptomatology of emotional disturbance or mental illness, coordinate linkage and referrals to community mental health resources, and prevent placement in a more restrictive setting such as foster care, an inpatient hospital, or a children's residential treatment facility.

Mental health crisis intervention and crisis stabilization services are limited to no more than 192 hours per calendar year. The services must be coordinated with emergency services and must be available 24 hours a day, seven days a week;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

E. medically necessary mental health services provided by a mental health behavioral aide. Mental health behavioral aide services are designed to improve the functioning of the child in activities of daily and community living. The mental health behavioral aide services must implement goals in the child's individual treatment plan that allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities.

Mental health behavioral aide services are provided in the child's home, preschool, school, day care, and other community or recreational settings. Mental health behavioral aide services components are:

1. assisting the child as needed with skill development in dressing, eating, and toileting;

2. assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;

3. observing and intervening to redirect inappropriate behavior;

4. assisting the child in using age appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;

5. implementing de-escalation techniques as recommended by the mental health professional;

6. providing other mental health services that the mental health professional has approved as being within the scope of the behavioral aide's duties; and

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

7. when directed exclusively to the treatment of the child, assisting the parents to develop and use skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavioral plan;

"Mental health behavioral aide" means a paraprofessional who is not the legal guardian or foster parent of the child working under the direction of either a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional to implement the mental health services identified in a child's individual treatment plan or individual behavior plan. "Direction" means:

1. one total hour of on-site observation by a mental health professional during the first 12 hours of service;

2. ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and

3. immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

An "individual behavior plan" is the plan of intervention, treatment, and services for a child, documenting instruction for the services to be provided by the mental health behavioral aide, written by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. The plan must include:

1. detailed instructions on the service to be provided;

2. duration and scope of each service;

3. methods of documenting the child's behavior;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

4. methods of monitoring the progress of the child in reaching objectives; and

5. goals to increase or decrease targeted behavior as identified in the individual treatment plan.

The mental health professional or mental health practitioner determines whether a Level I or Level II mental health behavioral aide is the most appropriate individual to provide services, as well as the number of hours of service. If a Level II mental health behavioral aide is the most appropriate individual to provide the service, but is unavailable, the mental health professional or mental health practitioner must document in the child's individual treatment plan the need for additional instruction of a Level I mental health behavioral aide.

1. a Level I mental health behavioral aide must:

a) be at least 18 years of age;

b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous ten years; and

c) meet the following orientation and training requirements:

1) 30 hours of preservice training covering Minnesota's data privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act, the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special